PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

108287321

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHE	OTHER THAN	
_		· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Column 2)			TYPE		OR			
TOTAL CLAIMS			78					RATE	FEE		RATE	FEE	
F	OR		NUMBER FILED		NUME	BER EXTRA		BASIC FE	E 385.0	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			3 8 minus 20=		. 18			X\$ 9=		OR	X\$18=	324	
INDEPENDENT CLAIMS			5 minus 3 = *		2			X43=		OR	X86=	122	
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=	1	OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in colu						column 2	L	TOTAL	-	OR	TOTAL	1261	
CLAIMS AS AMENDED - PART II										OTHER	THAN		
(Column 1)				(Column 2		(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
<u> </u>	FIRST PRESE	ENTATION OF M	ULTIPLE DEI	PENDENT	CLAIM			+145=		OR	+290=		
							L	TOTAL		┨┈╏	TOTAL	·	
		(Column 1)		(Columi	- 2)	(Column 3)	A	DDIT. FEE		_	ADDIT. FEE		
		CLAIMS		HIGHE	ST	(Coldinit 3)	Г		ADDI-	ז ר		ADDI-	
ENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
AMENDMENT	Total	•	Minus	**		=	Γ	X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		=		X43= .		OR	X86=		
	FIRST PRESE	NTATION OF ML	JETIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=		
								TOTAL			TOTAL	•	
						.=	AD	DIT. FEE		JOH A	DDIT. FEE	· ·	
		(Column 1) CLAIMS		(Column		(Column 3)	Ė						
Z	:	REMAINING AFTER AMENDMENT		PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=	122	OR	X\$18=		
	Independent	•	Minus	***		=	-	X43=			X86=	· ·	
4 [FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							^43= 		OR -	∧60 =		
• 44	the entry in and :-	nn 1 io loos Mar	-		• in - : •	2	L	145=		OR	+290=		
H	the "Highest Nur	nn 1 is less than the nber Previously Pai	d For IN THIS	SPACE is le	ss than	20, enter *20.* .	· ADI	TOTAL DIT. FEE		OR A	TOTAL DOIT. FEE		
T	tne "Highest Nur he "Highest Num	mber Previously Pa ber Previously Paid	IFOR (Total or	SPACE is le Independent)	ess than is the h	3, enter "3." lighest number (opriate box		•		